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Bib Data Sheet

CONFIRMATION NO. 3652

<b>SERIAL NUMBER</b> 08/323,060	<b>FILING OR 371(c) DATE</b> 10/14/1994 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> OMRF128
<b>APPLICANTS</b> PHILIP C. COMP, OKLAHOMA CITY, OK; <b>** CONTINUING DATA *****</b> <i>yes P35</i> This application is a CON of 07/919,219 07/24/1992 ABN <b>** FOREIGN APPLICATIONS *****</b> <i>not none P35</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/19/1994				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OK	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 32425				
<b>TITLE</b> BLOCKADE OF PROTEIN C ACTIVATION REDUCES MICROVASCULAR SURGICAL BLOOD LOSS				
<b>FILING FEE RECEIVED</b> 491	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	